

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015991

Entity Name: A.C. SCHULTES OF FLORIDA, INC.**Current Principal Place of Business:**11865 US HIGHWAY 41 SOUTH
GIBSONTON, FL 33534**Current Mailing Address:**11865 US HIGHWAY 41 SOUTH
GIBSONTON, FL 33534**FEI Number:** 14-1871186**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**OBRIEN, JOHN T
11865 US HIGHWAY 41 SOUTH
GIBSONTON, FL 33534 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	SCHULTES, AUGUST CIII
Address	664 S EVERGREEN AVE
City-State-Zip:	WOODBURY HEIGHTS NJ 08097

Title	P
Name	OBRIEN, JOHN T
Address	11865 US HWY 41 SOUTH
City-State-Zip:	GIBSONTON FL 33534

Title	VP
Name	SCHULTES, AUGUST CIV
Address	664 S. EVERGREEN AVE
City-State-Zip:	WOODBURY HEIGHTS NJ 08097

Title	ST
Name	DEMATTE, JEFFREY
Address	664 S. EVERGREEN AVE
City-State-Zip:	WOODBURY HEIGHTS NJ 08097

Title	VP
Name	SCHULTES, GREGORY L
Address	11865 US HIGHWAY 41 SOUTH
City-State-Zip:	GIBSONTON FL 33534

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY A. DEMATTE**CFO****01/08/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date